

## Epidemiology of HIV/AIDS

Key issues about HIV/AIDS in Seattle-King County:

- More than 9,000 individuals have been diagnosed with HIV/AIDS over the past two decades.
- An estimated 8,400 individuals are currently living with HIV/AIDS.
- An estimated 400-500 new infections occur each year.
- HIV/AIDS has disproportionately affected African Americans/Blacks and Hispanics/Latinos.
- Approximately 750 women have HIV/AIDS.
- An estimated 1,000 youth (ages 13 to 24) are HIV-positive.
- Approximately 10 percent of King County residents with HIV/AIDS were born in another country.
- Seventy percent of the people living with HIV/AIDS are men who have sex with men.

### HIV/AIDS in the National Context

More people are now living with HIV and AIDS in the United States than ever before. The Centers for Disease Control and Prevention (CDC) estimates that between 800,000 and 900,000 individuals are living with HIV, the virus that causes AIDS, and that another 40,000 become infected every year.<sup>6</sup> The CDC also estimate that one fourth of the persons living with HIV in this country are not aware of their infection.<sup>7</sup>

From 1996 to 1997, the number of new HIV cases significantly declined for the first time by nearly 20,000. This was also the same year new drug therapies were introduced that dramatically slowed the death rates of people living with AIDS. However, this pattern of decline has since leveled off, and medical advances in treatment are not proving to be effective for everyone. By the end of 2002, the CDC reported that 384,906 individuals in the U.S. were known to be living with AIDS and 16,371 people with AIDS had died that year.<sup>8</sup>

The American public continues to see HIV/AIDS as a serious public health concern (26 percent), second only to cancer (35 percent). Populations that are disparately affected by HIV/AIDS — African Americans/Blacks, Hispanics/Latinos, and young adults — consider AIDS a more urgent problem today than five years ago, compared to whites. Nearly half of the U.S. population (43 percent) says they personally know someone who is living with HIV/AIDS or has died of AIDS.<sup>9</sup>

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<sup>6</sup> Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Divisions of HIV/AIDS Prevention, *A Glance at the HIV Epidemic*, December 2000. Available online: [www.cdc.gov/nchstp/od/news/At-a-Glance.pdf](http://www.cdc.gov/nchstp/od/news/At-a-Glance.pdf) (Accessed: July 20, 2004).

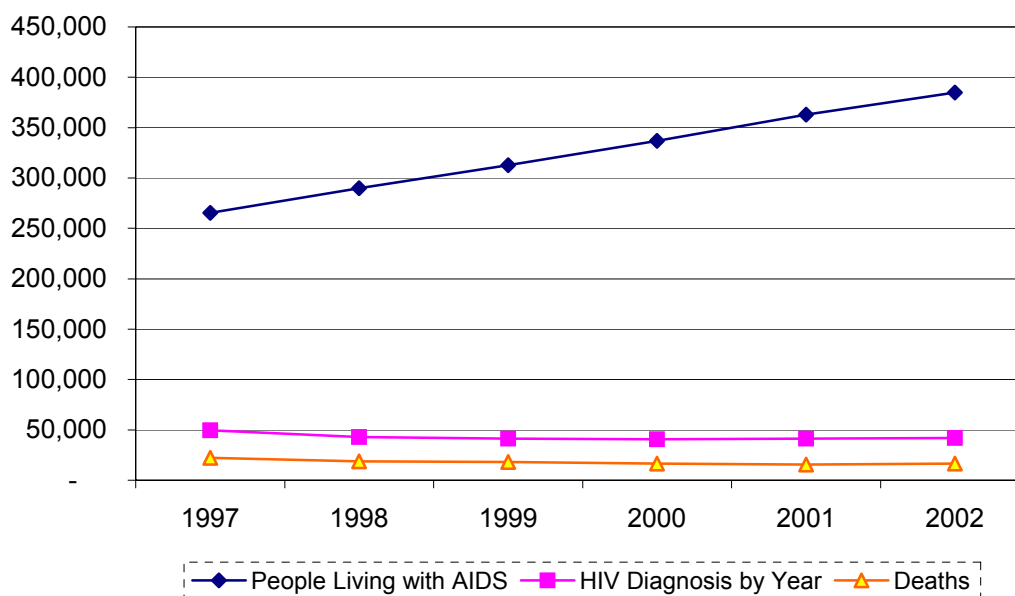
<sup>7</sup> Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Divisions of HIV/AIDS Prevention, "Update: the AIDS Epidemic in the United States, 2001," *Morbidity and Mortality Weekly Report*, 2002, vol. 51, pp. 592-595. Available online: [www.cdc.gov/mmwr/PDF/wk/mm5127.pdf](http://www.cdc.gov/mmwr/PDF/wk/mm5127.pdf) (Accessed: July 20, 2004).

<sup>8</sup> Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Divisions of HIV/AIDS Prevention, *HIV/AIDS Surveillance Report*, vol. 14, tables 7 and 11. Available online: [www.cdc.gov/hiv/stats/hasr1402.htm](http://www.cdc.gov/hiv/stats/hasr1402.htm) (Accessed: March 18, 2004).

<sup>9</sup> The Henry J. Kaiser Family Foundation, *The AIDS Epidemic at 20 Years: The View from America*, A National Survey of Americans on HIV/AIDS, 2001, p. 7. Available online: [www.kff.org](http://www.kff.org) (Accessed: July 20, 2004).

**Figure 2** shows the number of people living with AIDS, new HIV cases diagnosed, and the number of HIV/AIDS-related deaths in the United States over a six-year period. New HIV infections and AIDS-related death rates have remained steady over recent years. However, the number of people living with AIDS continues to climb as medical advances continue to slow the progression of the disease and help individuals live longer.

*Figure 2:*  
**People Living with AIDS, New HIV Cases Diagnosed, and HIV/AIDS-related Deaths  
in the United States, by Year from 1997–2002**



Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Divisions of HIV/AIDS Prevention, *HIV/AIDS Surveillance Report*, vol. 14, tables 7 and 11. Available online: [www.cdc.gov/hiv/stats/hasr1402.htm](http://www.cdc.gov/hiv/stats/hasr1402.htm) (Accessed: March 18, 2004).

## **Demographic Trends**

The AIDS epidemic has become more complex over the past twenty years. Originally concentrated in large urban areas of the United States among men who have sex with men and injection drug users, the prevalence of HIV/AIDS has increased significantly among residents of the Southeast, African Americans/Blacks, Hispanics/Latinos, women, young adults, persons exposed to HIV through heterosexual contact, and persons exiting the criminal justice system. Limited access to healthcare and prevention services, poverty, social disadvantage, discrimination, and stigma are some of the factors that have contributed to these trends.

Every state in the nation, as well as Puerto Rico, the Virgin Islands, and U.S. territories, reported new AIDS cases diagnosed in 2002.<sup>10</sup> Approximately 10 percent of the AIDS cases reported were

<sup>10</sup> Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Divisions of HIV/AIDS Prevention, *HIV/AIDS Surveillance Report, Year End 2002*, pp. 5-6. Available online: <http://www.cdc.gov/hiv/stats/hasr1402/2002SurveillanceReport.pdf> (Accessed: March 23, 2004).

from metropolitan areas with populations less than 500,000 and 6 percent were from rural areas with populations less than 50,000.<sup>11</sup>

Southeastern states make up about one-third of the total U.S. population, but they account for 40 percent of the people estimated to be living with AIDS and 46 percent of the estimated new AIDS cases.<sup>12</sup> The South also has the largest number and proportion of cases reported from rural areas.<sup>13</sup>

The racial/ethnic, gender, and age profiles of people living with HIV/AIDS have also shifted over the course of the epidemic:

- African Americans/Blacks make up 12 percent of the U.S. population, but accounted for half of new HIV cases reported in 2002. The AIDS rate among African Americans/Blacks was nearly eleven times the rate reported among whites.<sup>14</sup>
- AIDS is the leading cause of death among African American/Black women ages 25-34 and African American/Black men ages 35-44.<sup>15</sup>
- African American/Black women accounted for nearly 64 percent of new HIV cases reported among women in 2001. Hispanic/Latina and White/Caucasian women each accounted for 17 percent of reported HIV cases.<sup>16</sup> Overall, women make up an estimated 30 percent of new infections annually.<sup>17</sup>
- Hispanics/Latinos make up 13 percent of the U.S. population, but accounted for 19 percent of new HIV cases reported in 2000. The AIDS rate among Hispanics/Latinos was three times the rate reported among Whites/Caucasians.<sup>18</sup>
- Adolescents and young adults between the ages of 13 and 24 are estimated to make up half of new HIV infections. African American/Black youth represent the majority of these infections. The CDC estimates that 47 percent of new cases among this age group are among females.<sup>19</sup>

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<sup>11</sup> Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Divisions of HIV/AIDS Prevention, *HIV/AIDS in Urban and Nonurban Areas*, Fact Sheet, p. 4. Available online: <http://www.cdc.gov/hiv/graphics/images/L206/L206.pdf> (Accessed May 4, 2004). Does not include Puerto Rico, U.S. Virgin Islands, and territories. Rural area defined as population less than 50,000.

<sup>12</sup> The Henry J. Kaiser Family Foundation, *HIV/AIDS and other Sexually Transmitted Diseases (STDs) in the Southern Region of the United States: Epidemiological Overview*, *Southern States Summit on HIV/AIDS and STDs: A Call to Action*, November 13-15, 2002, p. 1. Note: Southern states defined as Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia.

<sup>13</sup> Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Divisions of HIV/AIDS Prevention, *HIV/AIDS in Urban and Nonurban Areas*, Fact Sheet. Available online: <http://www.cdc.gov/hiv/graphics/images/L206/L206.pdf> (Accessed May 4, 2004).

<sup>14</sup> Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Divisions of HIV/AIDS Prevention, *HIV/AIDS Among African Americans*, Fact Sheet, March 2003, p. 1. Available online: [www.cdc.gov/hiv/pubs/Facts/afam.pdf](http://www.cdc.gov/hiv/pubs/Facts/afam.pdf) (Accessed: March 23, 2004).

<sup>15</sup> Ibid.

<sup>16</sup> Ibid, p. 2.

<sup>17</sup> Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Divisions of HIV/AIDS Prevention, *A Glance at the HIV Epidemic*, December 2000. Available online: [www.cdc.gov/nchstp/od/news/At-a-Glance.pdf](http://www.cdc.gov/nchstp/od/news/At-a-Glance.pdf) (Accessed: May 4, 2004).

<sup>18</sup> Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Divisions of HIV/AIDS Prevention, *HIV/AIDS Among Hispanics in the United States*, Fact Sheet. Available online: [www.cdc.gov/hiv/pubs/facts/hispanic.htm](http://www.cdc.gov/hiv/pubs/facts/hispanic.htm) (Accessed: May 4, 2004).

<sup>19</sup> Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Divisions of HIV/AIDS Prevention, *Young People at Risk: HIV/AIDS Among America's Youth*, Fact Sheet. Available online: [www.cdc.gov/hiv/pubs/facts/youth.htm](http://www.cdc.gov/hiv/pubs/facts/youth.htm) (Accessed: May 4, 2004).

## **Medical Advances in Treating People Living with HIV/AIDS**

People living with HIV/AIDS who are being successfully treated with Highly Active Anti-Retroviral Therapy (HAART)—often referred to as combination therapies or the ‘cocktail’—are experiencing significant improvements in health. Many people living with HIV/AIDS are considering re-employment and evaluating the impact that returning to work could have on their disability and medical benefits.

However, some individuals with access to these medications are experiencing failure, even though they are being closely monitored and have medications adjusted frequently. In addition, not all people living with HIV/AIDS who might be helped by existing HIV treatments necessarily have access to them. The medications and monitoring associated with HAART are expensive—at \$10,000 to \$15,000 each year—putting them well out of reach for people who do not have adequate insurance or access to state-run AIDS Drug Assistance Programs. Studies show persisting disparities in access to these medications, particularly among women, people of color, and injection drug users.<sup>20</sup> Another study published in 2001 estimated that nearly all of the 750,000 people living with HIV (estimated at the time of the study) in the United States would have met the criteria for being offered HAART, but that only about 200,000 were using it.<sup>21</sup>

## **HIV/AIDS in Seattle-King County**

According to Public Health – Seattle & King County (Public Health), an estimated 8,400 individuals are living with HIV/AIDS in King County, with 400-500 new HIV infections occurring each year (4 percent increase).<sup>22</sup> Of those estimated to be living with HIV/AIDS, approximately one-third are known to have been diagnosed with AIDS and the remaining two-thirds are HIV-positive but have not developed AIDS.<sup>23</sup>

An estimated 6,700 persons have been diagnosed with AIDS (not including HIV) in King County since reporting began in 1982 and more than 3,800 persons have died. Nearly three-quarters of those who died have been men between the ages of 25 and 44. Currently, about 250 AIDS cases are diagnosed and 70-100 deaths occur each year. According to the CDC in 2001, the Seattle Eligible Metropolitan Statistical Area (EMSA) ranked 24<sup>th</sup> in cumulative number and 40<sup>th</sup> in annual rate of reported cases of AIDS in the nation. The AIDS case rate was 14.3 cases per 100,000 persons. Among Washington counties, King County has the highest rate of AIDS cases. Only one-third of the state’s population lives in King County, however, almost two-thirds of all people in the state diagnosed with AIDS resided in King County at the time of their diagnosis. The rate is highest in Seattle.<sup>24</sup>

<sup>20</sup> Usha Sambamoorthi, PhD, et al., “Use of Protease Inhibitors and Non-Nucleoside Reverse Transcriptase Inhibitors Among Medicaid Beneficiaries with AIDS,” *American Journal of Public Health*, September 2001, vol. 91, no. 9, pp 1474-1481. Available online: [www.ajph.org/cgi/reprint/91/9/1474.pdf](http://www.ajph.org/cgi/reprint/91/9/1474.pdf) (Accessed January 10, 2002).

<sup>21</sup> James G. Kahn, MD, MPH, Brian Halle, MPP, MA, Jennifer Kates, MPA, MA, and Sophia Chang, MD, MPH, “Health and Federal Budgetary Effects of Increasing Access to Antiretroviral Medications for HIV by Expanding Medicaid,” *American Journal of Public Health*, September 2001, vol. 91, no. 9, pp. 1464-1473. Available online: [www.ajph.org/cgi/reprint/91/9/1464.pdf](http://www.ajph.org/cgi/reprint/91/9/1464.pdf) (Accessed: July 20, 2004).

<sup>22</sup> Public Health – Seattle & King County, *2003 HIV/AIDS Epidemiological Profile for Community Planning: A report to the community prepared by the HIV/AIDS Epidemiology Unit, Public Health – Seattle & King County*, p. 14.

<sup>23</sup> Ibid, p. 21.

<sup>24</sup> Ibid, pp. 20-21.

### **Cumulative HIV/AIDS Cases in Seattle-King County**

More than 9,000 individuals have been diagnosed with HIV and AIDS in King County since the State of Washington began reporting AIDS in 1982, symptomatic HIV infection in 1989, and all HIV in 1999. Nearly 4,000 individuals in King County have died from complications related to HIV and AIDS.<sup>25</sup>

**Table 1** presents race/ethnicity and gender information for cumulative HIV and AIDS cases reported in King County as of December 31, 2003.

*Table 1:*  
**Cumulative Cases of HIV and AIDS in King County,  
by Race/Ethnicity and Gender, as of December 31, 2003**

Demographic Category	Cumulative Cases of HIV including AIDS		Cumulative AIDS Cases		Cumulative HIV Cases (Not AIDS)	
	Number	Percent	Number	Percent	Number	Percent
<b><u>Race/Ethnicity</u></b>						
White, Non-Hispanic	7,224	77%	5,466	78%	1,758	73%
Black, Non-Hispanic	1,183	13%	823	12%	360	15%
Hispanic/Latino	644	7%	472	7%	172	7%
Asian	163	2%	105	1%	58	2%
Native Hawaiian/Pacific Islander	18	<1%	16	<1%	2	<1%
Native American/Alaskan Native	141	1%	107	2%	34	1%
Two or more races	24	<1%	18	<1%	6	<1%
Undetermined Race	14	<1%	0	0%	14	1%
<b>Total</b>	9,411	100%	7,007	100%	2,404	100%
<b><u>Gender</u></b>						
Male	8,751	93%	6,593	94%	2,158	90%
Female	660	7%	414	6%	246	10%
<b>Total</b>	9,411	100%	7,007	100%	2,404	100%

Source: Public Health – Seattle & King County, HIV/AIDS Epidemiology Program, email correspondence with AHW staff, March 12, 2004.

<sup>25</sup> Public Health – Seattle & King County, HIV/AIDS Epidemiology Program, email correspondence with AHW staff, March 12, 2004.

**Table 2** presents age at diagnosis, transmission category, and residence information for cumulative HIV and AIDS cases reported in King County as of December 31, 2003.

*Table 2:*  
**Cumulative Cases of HIV and AIDS in King County,  
 by Age at Diagnosis, Transmission Category and  
 Residence at Current Diagnosis, as of December 31, 2003**

Demographic Category	Cumulative Cases of HIV including AIDS		Cumulative AIDS Cases		Cumulative HIV Cases (Not AIDS)	
	Number	Percent	Number	Percent	Number	Percent
<b><u>Age at Diagnosis</u></b>						
0 - 12	33	<1%	16	<1%	17	1%
13 - 19	127	1%	72	1%	55	2%
20 - 29	2,487	26%	1,683	24%	804	33%
30 - 39	4,216	45%	3,193	46%	1023	43%
40 - 49	1,918	20%	1,514	22%	404	17%
50 - 59	513	5%	424	6%	89	4%
60+	117	1%	105	1%	12	<1%
<b>Total</b>	9,411	100%	7,007	100%	2,404	100%
<b><u>Transmission Category</u></b>						
Men who have Sex with Men (MSM)	6,873	73%	5,172	74%	1,701	71%
Injection Drug User (IDU)	564	6%	415	6%	149	6%
MSM/IDU	922	10%	721	10%	201	8%
Blood Exposure	105	1%	87	1%	18	1%
Heterosexual	482	5%	320	5%	162	7%
Perinatal	28	<1%	13	<1%	15	1%
Undetermined/Other	437	5%	279	4%	158	7%
<b>Total</b>	9,411	100%	7,007	100%	2,404	100%
<b><u>Residence at Current Diagnosis</u></b>						
Seattle	8,053	86%	5,965	85%	2,088	87%
King County, excluding Seattle	1,358	14%	1,042	15%	316	13%
<b>Total</b>	9,411	100%	7,007	100%	2,404	100%

Source: Public Health – Seattle & King County, HIV/AIDS Epidemiology Program, email correspondence with AHW staff, March 12, 2004.

## People Living with HIV/AIDS in Seattle-King County

As of December 2003, Public Health reported data on 5,444 individuals currently living with HIV and AIDS in King County. Approximately 85 percent live in Seattle. **Table 3** presents race/ethnicity, gender, and age at diagnosis for people reported to be living with HIV/AIDS in King County.

*Table 3:*  
**King County Residents Living with HIV and AIDS,  
by Race/Ethnicity, Gender, and Age at Diagnosis, as of December 31, 2003**

Demographic Category	Currently Reported Living with HIV including AIDS		Currently Reported Living with AIDS		Currently Reported Living with HIV (Not AIDS)	
	Number	Percent	Number	Percent	Number	Percent
<b><u>Race/Ethnicity</u></b>						
White, Non-Hispanic	3,932	72%	2,231	72%	1,701	73%
Black, Non-Hispanic	818	15%	468	15%	350	15%
Hispanic/Latino	463	9%	292	9%	171	7%
Asian	112	2%	54	2%	58	2%
Native Hawaiian/Pacific Islander	6	<1%	4	<1%	2	<1%
Native American/Alaskan Native	88	2%	55	2%	33	1%
Two or more races	12	<1%	6	<1%	6	<1%
Undetermined Race	13	<1%	0	0%	13	1%
<b>Total</b>	5,444	100%	3,110	100%	2,334	100%
<b><u>Gender</u></b>						
Male	4,935	91%	2,841	91%	2,094	90%
Female	509	9%	269	9%	240	10%
<b>Total</b>	5,444	100%	3,110	100%	2,334	100%
<b><u>Age at Diagnosis</u></b>						
0 - 12	24	<1%	7	<1%	17	1%
13 - 19	109	2%	55	2%	54	2%
20 - 29	1,614	30%	818	26%	796	34%
30 - 39	2,392	44%	1,397	45%	995	43%
40 - 49	1,028	19%	651	21%	377	16%
50 - 59	242	4%	156	5%	86	4%
60+	35	1%	26	1%	9	<1%
Unknown						
<b>Total</b>	5,444	100%	3,110	100%	2,334	100%

Source: Public Health – Seattle & King County, HIV/AIDS Epidemiology Program, email correspondence with AHW staff, March 12, 2004.



**Table 4** presents transmission category and residence at current diagnosis for people reported to be living with HIV/AIDS in King County.

*Table 4:*  
**King County Residents Living with HIV and AIDS,  
 by Transmission Category and Residence at Current Diagnosis,  
 as of December 31, 2003**

Demographic Category	Currently Reported Living with HIV including AIDS		Currently Reported Living with AIDS		Currently Reported Living with HIV (Not AIDS)	
	Number	Percent	Number	Percent	Number	Percent
<b><u>Transmission Category</u></b>						
Men who have Sex with Men (MSM)	3,819	70%	2,163	70%	1,656	71%
Injection Drug User (IDU)	358	7%	216	7%	142	6%
MSM/IDU	485	9%	296	10%	189	8%
Blood Exposure	43	1%	26	1%	17	1%
Heterosexual	386	7%	225	7%	161	7%
Perinatal	20	<1%	5	<1%	15	1%
Undetermined/Other	333	6%	179	6%	154	7%
<b>Total</b>	<b>5,444</b>	<b>100%</b>	<b>3,110</b>	<b>100%</b>	<b>2,334</b>	<b>100%</b>
<b><u>Residence at Current Diagnosis</u></b>						
Seattle	4,606	85%	2,579	83%	2,027	87%
King County, excluding Seattle	838	15%	531	17%	307	13%
<b>Total</b>	<b>5,444</b>	<b>100%</b>	<b>3,110</b>	<b>100%</b>	<b>2,334</b>	<b>100%</b>

Source: Public Health – Seattle & King County, HIV/AIDS Epidemiology Program, email correspondence with AHW staff, March 12, 2004.



**Table 5** shows the residences of people living with HIV/AIDS in King County at the time of diagnosis through December 31, 2002. Eighty percent live in Seattle.

*Table 5:*  
**Residence of People Living with HIV/AIDS at Time of Diagnosis,  
Reported Through December 31, 2002**

Geographical Area	Number	Percent	Rate Per 1,000
<b>Homeless in King County</b>	<b>89</b>	<b>2%</b>	<i>N/A</i>
<b><u>Seattle</u></b>	<b>4,075</b>	<b>80%</b>	<b>6.5</b>
North	250	5%	1.9
North of Canal	462	9%	2.7
North Central	1,054	21%	11.1
Central	1,316	26%	22.1
Southeast	385	8%	4.4
West	253	5%	3.3
Unknown Seattle	355	7%	N/A
<b><u>Outside Seattle</u></b>	<b>951</b>	<b>19%</b>	<b>0.9</b>
Auburn	46	1%	0.5
Bellevue	113	2%	1.3
Bothell/Woodinville	47	1%	0.6
Burien/Highline	184	4%	2.1
East/NE County	24	<1%	0.6
Eastgate/Issaquah	19	<1%	0.2
Federal Way	93	2%	1.0
Kent	104	2%	1.1
Kirkland/Redmond	79	2%	0.5
Mercer Island	9	<1%	0.4
Renton	88	2%	0.8
Southeast County	16	<1%	0.2
Vashon Island	12	<1%	1.2
White Center/Skyway	117	2%	1.5
<b>King County Total</b>	<b>5,115</b>	<b>100%</b>	<b>2.9</b>

Source: Public Health – Seattle & King County, 2003 HIV/AIDS Epidemiological Profile for Community Planning: A report to the community prepared by the HIV/AIDS Epidemiology Unit, Public Health – Seattle & King County, p. 26.

## Demographic Trends in Seattle-King County

Analysis of epidemiological data provides information on trends related to sub-populations that are impacted by HIV/AIDS in King County. The biggest increases in new infections appear to be among people of color, women, young adults, and recent immigrants.

### People of Color

Similar to most other areas of the country, HIV/AIDS has disproportionately affected African Americans/Blacks and Hispanics/Latinos in King County compared to Whites/Caucasians. **Table 6** compares the rates of new HIV diagnosis in King County between 2000 and 2002 by race and ethnicity.<sup>26</sup>

*Table 6:*  
**Rates of New HIV Diagnosis in King County 2000–2002, by Race and Ethnicity**

Demographic Category	King County 2000 Census Population		People Diagnosed with HIV in King County, 2000–2002	
	Number	Percent	Number	Percent
White/Caucasian	1,309,120	75%	651	62%
African American/Black	105,205	6%	234	22%
Hispanic/Latino	95,242	6%	110	11%
Asian/Pacific Islander	210,156	12%	31	3%
Native American/Alaskan Native	17,311	1%	12	1%
<b>Total</b>	<b>1,737,034</b>	<b>100%</b>	<b>1,043</b>	<b>100%</b>

Source: Public Health – Seattle & King County, *2003 HIV/AIDS Epidemiological Profile for Community Planning: A report to the community prepared by the HIV/AIDS Epidemiology Unit, Public Health – Seattle & King County*, p. 38.

### Women

An estimated 750 women are HIV-positive in King County, which includes women who have not been diagnosed and a small number who have tested positive but have not been reported. Women represent 9 percent of the total HIV/AIDS cases, which has increased over recent years and is expected to continue rising. Women with HIV/AIDS tend to be younger than men and most have acquired HIV through sexual contact with an HIV-positive man.<sup>27</sup>

The racial disparity is even greater among women compared to men. Among people currently living with HIV/AIDS, the rate is thirteen times higher for African American/Black women (446 per 100,000) than White/Caucasian women (30 per 100,000). The numbers of cases among Native American/Alaskan Native and Hispanic/Latina women are relatively small. However, the

<sup>26</sup> Public Health – Seattle & King County, *2003 HIV/AIDS Epidemiological Profile for Community Planning: A report to the community prepared by the HIV/AIDS Epidemiology Unit, Public Health – Seattle & King County*, p. 38.

<sup>27</sup> Ibid, pp. 40–41.

prevalence rates are higher when compared to White/Caucasian women: 307 per 100,000 for Native American/Alaskan Native women and 83 per 100,000 for Hispanic/Latina women.<sup>28</sup>

### ***Young Adults***

Teenagers living with HIV/AIDS in King County (ages 13–19) are more likely to be female or acquire infection through heterosexual contact or injection drug use than young adults between the ages of 20 and 29. However, among the young adult population, HIV/AIDS is more prevalent among young men who have sex with men. Public Health estimates 170 teenagers and 830 young adults (ages 20–24) are HIV-positive in King County.<sup>29</sup>

### ***Immigrants and Refugees***

An estimated 10 percent of the HIV-positive residents of King County were born outside of the United States. Fifty-seven percent of Asians/Pacific Islanders, 52 percent of Hispanics/Latinos, 23 percent African Americans/Blacks, and 2 percent of Whites/Caucasians who are HIV-positive were born in other countries. The rates are also higher among women not born in the U.S. Eight percent of U.S.-born HIV-positive persons are female and 21 percent of foreign-born are female. The percent is highest among the foreign-born Black population (38 percent). **Table 7** shows the place of birth and gender by race/ethnicity among King County residents living with HIV/AIDS.

*Table 7:*  
**Place of Birth and Gender by Race/Ethnicity Among King County Residents  
Living with HIV/AIDS, as of December 31, 2002**

<b>Demographic Category</b>	<b>Total Number HIV-Positive</b>	<b>Foreign- Born</b>	<b>U.S. Born</b>	<b>Female</b>
White/Caucasian	3,732	2%	98%	5%
African American/Black	770	23%	77%	26%
Hispanic/Latino	412	52%	48%	10%
Asian/Pacific Islander	108	57%	43%	13%
Native American/Alaskan Native	84	1%	99%	25%
<b>Total</b>	<b>5,115</b>	<b>11%</b>	<b>89%</b>	<b>5%</b>

Source: Public Health – Seattle & King County, *2003 HIV/AIDS Epidemiological Profile for Community Planning: A report to the community prepared by the HIV/AIDS Epidemiology Unit*, Public Health – Seattle & King County, p. 52.

<sup>28</sup> Ibid, p. 39.

<sup>29</sup> Ibid., p. 50.

***Men who have Sex with Men (MSM)***

In King County, the highest prevalence of HIV/AIDS, as well as the highest rate of new infections, continues to be among MSM. However, data shows a declining proportion of HIV diagnoses among MSM. New HIV diagnosis for MSM not injecting drugs dropped from 78 percent of those with known risk in 1994–96 to 69 percent between 2000–2002.<sup>30</sup>

Young MSM are at the greatest individual risk for HIV infection. A study of young MSM between the ages of 23 and 29 conducted in U.S. metropolitan areas found that Seattle had the lowest prevalence of HIV (5 percent) of the cities examined, but that there were high levels of risky sexual behavior among young MSM in every location.<sup>31</sup>

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<sup>30</sup> Ibid, p. 32.

<sup>31</sup> Ibid, p. 50.